

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 02/10/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/12/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	23	17	SERVICE REQUIRES PRIOR APPROVAL				
				L				
		0	0		0	17	17	0
3404904	WESTERN HIGHLAND DS LME	191	11	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	24	2422	2398
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8505	245	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	87	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	462	4924	4462
		8599	50	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTY MENTAL HEALTH	120	96	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8537	77	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	267	2705	2438
		8326	56	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
3404913	MECKLENBURG COUNTY MENTAL HEALTH	8505	2274	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	936	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4433	4449	16
		8326	812	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
3404916	CROSSROADS BEHAVIORAL MENTAL HEALTH	8505	8625	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		3411	474	PROVIDER TYPE AND SPECIALTY 074/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	9755	10084	329
		8800	462	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUMAN SERVICES	8599	111	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	94	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	325	7887	7562
		143	39	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404919	GUILFORD COUNTY MENTAL HEALTH	8505	5763	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	938	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7543	8382	839
		8508	597	CLAIM DENIED NO BUDGET FOUND				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASHEL L AREA MH D	5404	20	SEVERE DUPLICATE! SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	42	509	467
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	54	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	232	2284	2052
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	281	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	388	403	15
3404923	FIVE COUNTY MH	8505	1211	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	310	CLAIM DENIED NO BUDGET FOUND	0	1707	1791	84
		8800	108	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	8907	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1716	CLAIM DENIED NO BUDGET FOUND	8	12195	12680	485
		8800	1099	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	3	188	3564	3376
		23	30	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	49	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	210	3066	2856
		8329	14	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	120	81	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	153	907	754
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	932	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	744	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	206	4019	30011	25992
		8800	390	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MI/DD	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404934	ONSLow CARTERET BEHAV HEAL	8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	76	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	352	1603	1251
		8534	58	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	31	3212	3181
3404939	EAST CAROLINA B EHAVIORAL H	8505	3580	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	264	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4050	4498	448
		21	82	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	5404	109	SEVERE DUPLICATE! SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8564	39	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	3	267	3967	3700
		10	31	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404944	EASTPOINTE HUMA N SERVICES	8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		79	31	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	117	5452	5335
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8534	7	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		8508	7	CLAIM DENIED NO BUDGET FOUND	0	20	1450	1430
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				